

011604

16805 U.S. PTO

22390 U.S. PTO
10/758874

011604

<p align="center">UTILITY PATENT APPLICATION TRANSMITTAL</p> <p>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</p>	Attorney Docket No.	CMH/TF-102.P.1.1
	First Inventor or Application Identifier	Catherine M. Hall
	Title	Device for Tracking Breast Feeding Sessions and Methods of Use Thereof
	Express Mail Label No.	EL 892181776 US
<p align="center">APPLICATION ELEMENTS</p> <p>See MPEP chapter 600 concerning utility patent application contents</p>	<p>ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p>	
<p>1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages of application [10]</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets [3]</p> <p>4. Oath or Declaration</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (For continuation/divisional with Box 16 completed)</p> <p>i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application See 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</p> <p>5. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>6. Nucleotide and/or Amino Acid Sequence Submission (If applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Copy</p> <p>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</p> <p>c. <input type="checkbox"/> Statement verifying identity of above copies</p>		
<p align="center">ACCOMPANYING APPLICATION PARTS</p>		

7. ☐ Assignment Papers (cover sheet & documents(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement
(when there is an assignee)
☒ Power of Attorney
9. ☐ English Translation Document (if applicable)
10. ☒ Information Disclosure Statement (IDS)/PTO-1449
☒ Copies of IDS Citations
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☒ * Small Entity Statement(s) (PTO/SB/09-12)
☐ Statement filed in prior application. Status still proper and desired
14. ☐ Certified Copy of Priority Document(s)
(If foreign priority is claimed)
15. ☒ Other: Certificate of Mailing by Express Mail

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) Of prior application No: _____

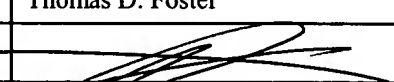
Prior application Information: Examiner _____ Group Art Unit _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE INFORMATION

☒ Customer Number 24232 or Bar Code Label []

☐ Correspondence address below

Name		David R. Preston & Associates, APC	
Address		12625 High Bluff Drive, Suite 205	
City, State and Zip Code		San Diego, California 92130	
Country		USA	
Telephone		858.724.0375	
Facsimile		858.724.0384	
Name	Thomas D. Foster	Registration Number	44,686
Signature		Date	16 January 2003

Corresponds to PTO/SB/05

FEE TRANSMITTAL		Complete if Known		
		Patent fees are subject to annual revision on October 1. These are the fees effective October 1, 1997.	Application Number:	To be determined
		Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.	Filing Date:	Herewith
			First Named Inventor:	Catherine M. Hall
			Group / Art Unit:	To be determined
Total Amount of Payment	\$385.00	Docket Number:	CMH/TF-102.P.1.1	


METHOD OF PAYMENT
<p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p> Deposit Account Number: <input type="checkbox"/></p> <p> Deposit Account Name: <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 C.F.R. §§ 1.16 and 1.17</p> <p> <u>Deposit Account Number 501321</u></p> <p><input type="checkbox"/> Charge the Issue Fee Set in 37 C.F.R. § 1.18 at the Mailing of the Notice of Allowance.</p>
<p>2. <input checked="" type="checkbox"/> Payment Enclosed</p> <p> <input checked="" type="checkbox"/> Check Number <u>2831</u></p> <p> <input type="checkbox"/> Money Order</p> <p> <input type="checkbox"/> Other</p>

FEE CALCULATION						
1. BASIC FILING FEE						
	Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
	1001		2001	385.00	Utility Filing Fee	\$385.00
	106		206		Design Filing Fee	\$
	107		207		Plant Filing Fee	\$
	108		208		Reissue Filing Fee	\$
	114		214		Provisional Filing Fee	\$
SUBTOTAL (1)						\$ 385.00

2. EXTRA CLAIM FEES								
				Extra Claims		Fee From Below		Fee Paid
Total Claims	[15]	-20 **	Equals	[0]	Times	[]	Equals	\$ 0.00
Independent Claims	[3]	-3 **	Equals	[0]	Times	[]	Equals	\$ 0.00
Subtotal (2)								\$ 0.00
** or number previously paid, if greater, For Reissues, see below								
	Large Entity		Small Entity		Fee Description			
	Fee Code	Fee (\$)	Fee Code	Fee (\$)				
	1202		2202		Claims in excess of 20			
	1201		2201		Independent claims in excess of 3			
	104		204		Multiple dependent claim, if not paid			
	109		209		** Reissue independent claims over original patent			
	110		210		** Reissue claims in excess of 20 and over original patent			

3. ADDITIONAL FEES					
Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
105		205		Surcharge - late filing fee or oath	\$
127		227		Surcharge - late provisional filing fee or cover sheet	\$
139		139		Non-English specification	\$
147		147		For filing a request for reexamination	\$
112		112		Requesting publication of SIR prior to Examiner action	\$
113		113		Requesting publication of SIR after Examiner action	\$
115		215		Extension for reply within first month	\$
116		216		Extension for reply within second month	\$
117		217		Extension for reply within third month	\$
118		218		Extension for reply within fourth month	\$
128		228		Extension for reply within fifth month	\$
119		219		Notice of Appeal	\$
120		220		Filing a brief in support of an appeal	\$
121		221		Request for oral hearing	\$
138		138		Petition to institute a public use proceeding	\$
140		240		Petition or revive - unavoidable	\$
141		241		Petition or revive - unintentional	\$
142		242		Utility issue fee (or reissue)	\$
143		243		Design issue fee	\$
144		244		Plant issue fee	\$
122		122		Petitions to the Commissioner	\$
123		123		Petitions related to provisional applications	\$
126		126		Submission of Information Disclosure Statement	\$
581		581		Recording each patent assignment per property	\$
146		246		Filing a submission after final rejection (37 C.F.R. 1.129(a))	\$
149		249		For each additional invention to be examined (37 CFR 1.129(b))	\$
Other fee (specify):					\$
				Subtotal (3)	\$ 0.00

4. SUMMATION OF FEES	
SUBTOTAL (1)	\$ 385.00
SUBTOTAL (2)	\$ 0.00
SUBTOTAL (3)	\$ 0.00
TOTAL FEES	\$ 385.00

SUBMITTED BY			Complete (If Applicable)	
Typed or Printed Name	Thomas D. Foster		Registration Number:	44,686
Signature		Date: 1/16/04	Deposit Account User ID Number	501321

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Mail Stop Patent Application

"Express Mail" Mailing Label Number: EL 892181776 US

Date of Deposit: January 16, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Re: Utility Patent Application
Entitled: DEVICE FOR TRACKING BREAST FEEDING SESSIONS
AND METHODS OF USE THEREOF
Appl. No.: To be determined
Filed: Herewith
Inventors: Catherine M. Hall
Our Ref.: CMH/TF-102.P.1.1

Sir:

The following documents are forwarded herewith for appropriate action by the United States Patent and Trademark Office:

1. Utility Patent Application Transmittal (in duplicate);
2. Fee Transmittal (in duplicate);
3. Declaration for Utility or Design Patent Application;

David R. Preston & Associates, A.P.C.

DRPNA®

www.drpna.com

phone: 858.724.0375

facsimile: 858.724.0384

4. Complete U. S. Patent Application entitled

**DEVICE FOR TRACKING BREAST FEEDING SESSIONS AND
METHODS OF USE THEREOF**

and naming as inventors

Catherine M. Hall

the utility application comprising:

- a) Total pages of application: [13]
 - b) Pages of specification: [6];
 - c) Pages of Figures: [3]; Number of Figures: [3];
 - d) Pages of Title Page: [1];
 - e) Pages of Abstract: [1];
 - f) Pages of Claims: [2]; [15] Claim.
5. Form 1449 and copies of cited references;
6. Information Disclosure Statement;
7. One Return Post Card; and
8. Our Check number 2831 for \$ 385⁰⁰ to cover the Application fee (small entity status).

It is respectfully requested that the attached postcard be stamped with the filing date and unofficial application number and returned as soon as possible.

Please apply any charges not covered, or any credits, to Deposit Account number 501321 in the name of David R. Preston & Associates, APC

The following attorney is the attorney of record for prosecuting this application and transacting all business in the USPTO connected therewith:

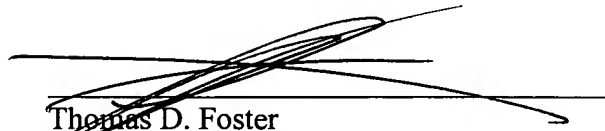
David R. Preston, Esquire
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Respectfully Submitted,
DAVID R. PRESTON & ASSOCIATES, A.P.C.


Thomas D. Foster
Attorney for Applicant
Registration No. 44,686

CERTIFICATE OF MAILING BY EXPRESS MAIL

EXPRESS MAIL MAILING LABEL NUMBER EL 892181776 US

DATE OF DEPOSIT 1/16/04

I hereby certify that this paper or fee is being deposited with the United States Postal Service Express Mail Post Office to Addressee service under 37 C.F.R. 1.10 on the date indicated above and is addressed to: The Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Mo Savari
(Typed or printed name of person mailing paper or fee)

M. Savari
(Signature of person mailing paper or fee)